



STATE OF WASHINGTON  
WASHINGTON STATE BOARD OF HEALTH  
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July 9, 2003

**TO:** Washington State Board of Health Members

**FROM:** Joe Finkbonner, Health Disparities Committee Chair  
Vickie Ybarra, Health Disparities Committee Member

**RE: HEALTH DISPARITIES PRIORITY WORK**

**Background and Summary**

**Past Work**

Eliminating health disparities has been a priority work area for the Board since 2000. The Board's Final Report on Health Disparities, approved by the Board May 9, 2001, found that:

- Health disparities are clearly evident in Washington State, with respect to total minority group mortality rates, as well as infant mortality, diabetes mortality, asthma mortality and other death and illness rates.
- Research demonstrates that minority providers may be more effective in addressing cultural, linguistic and trust issues that exist for many minority patients. What is more, health outcomes can be improved when the race and ethnicity of health professionals reflects the populations they serve.
- The number and percentage of ethnic and minority health care professionals are seriously underrepresented when compared to the overall population of the State;
- Health professionals from underserved communities, both minority and rural, are much more likely to return to and serve those communities.

The Health Disparities Committee work during 2001-2003 promoted health workforce diversity primarily through five efforts:

1. Joint meeting of SBOH with American Indian Health Commission, January 2002.
2. Staffing and participating in the Health Workforce Diversity Network, March 2002 – December 2003.
3. Showcasing programs that recruit students of color into health careers at May 2001 and 2002 SBOH meeting.
4. Developing "American Indian Healthcare Workforce Development" issue paper with American Indian Health Commission members and staff, and others, for the October 2002 Tribal Leaders Health Summit.
5. Participating in the Health Care Personnel Shortage Task Force meetings and reviewing report, July-December 2002 and future.

**Future Work**

As noted above, the HWDN and HCPSTF work is not completed – both could benefit from continued assistance from the Health Disparities Committee. In addition, the convergence of the HWDN report, HCPSTF work, and the Institute of Medicine's Committee on Institutional and Policy Strategies for Increasing the Diversity of the Healthcare Workforce's findings (see below) will provide a timely

opportunity for the Board to raise awareness about strategies to address health disparities in communities affected by health disparities.

The Health Workforce Diversity Network (HWDN) expects to report to the Board in December 2003 on its work to improve workforce diversity. HWDN, chaired by Judy Huntington, Washington State Nurses Association Executive Director, and Dr. Charles Weatherby, from the Washington State Medical Association, is a broad-based public/private group made up of representatives from associations of health professionals, hospitals, community clinics, higher education, and public health officials. HWDN formed subcommittees to follow up on many of the Board's recommendations:

1. Health Career Pathway Workgroup: Reviewing, refining, and promoting the use of the health career development program guidelines contained in the Board's final report on health disparities.
2. Enumeration Workgroup: Considering how to systematically analyze and develop health workforce data, in order to evaluate workforce diversity.
3. Funding Workgroup: Ensuring public and private funds are pursued to expand existing efforts.
4. Create a clearinghouse for different groups' efforts to diversity the health workforce.

The Institute of Medicine's Committee on Institutional and Policy Strategies for Increasing the Diversity of the Healthcare Workforce (IOM committee) expects to complete its work and publish a report by January 2004. Vickie Ybarra is a member of the IOM committee, and will be able to present that committee's findings in December 2003, with the HWDN report to the Board. The two presentations will contribute to a productive discussion of future directions state policy might take to address health disparities.

The Health Care Personnel Shortage Task Force (HCPSTF) will reconvene this summer to implement the plan presented in the HCPSTF final report. The membership will remain as it was last fall, and the Workforce Training and Education Coordinating Board will request participation of a SBOH member. The HWDN, SBOH members, and SBOH provided recommendations on how to improve health workforce diversity. Other task force members also advocated for strategies that increased health workforce diversity, and diversity recommendations were included in the HCPSTF final report. SBOH representation on the HCPSTF may help ensure that increasing diversity remains a focus of the HCPSTF strategies and outcome measures.

Raising community awareness: The IOM committee findings, the HWDN report and HCPSTF efforts provide an opportunity to raise awareness about health disparities and health workforce diversity among communities across the state. Similar to the approach of SBOH going to local board of health meetings to share information about local and state public health issues, the SBOH Health Disparities Committee could take health disparities information, HWDN work, the IOM findings, and HCPSTF strategies to minority commissions in Washington. This would help raise awareness among communities affected by health disparities, and hopefully motivate the communities to become more involved in using the state and federal work to implement change. The Committee could bring the commissions together to strategize about future collaborative efforts to address health disparities and improve workforce diversity.

Timeline and staffing needs: The Health Disparities Committee expects that a staffing level of .3 FTE will be needed through December 2003, which will decrease to .2 FTE in January 2004. Staffing will not be needed after summer 2004.

- The HWDN will be staffed by another organization or will dissolve having completed its goals in December 2003.
- Board involvement in the ongoing Health Care Personnel Shortage Task Force will be minimal.
- Meetings with minority commissions will be completed by summer 2004.